

**Ryan White Planning Body: Meeting Agenda & Minutes**  
Serving Anson, Cabarrus, Gaston, Mecklenburg, Union, and York Counties

**PSRA Details**

<b>Time</b>	Wednesday, July 24, 2019; 10:30 AM – 4:30 PM
<b>Location</b>	Rooms 4014-4015, Valerie C. Woodard Conference Center Suite 4000 (Door E) / 3205 Freedom Drive, Charlotte, NC 28208
<b>Members attending</b>	Annette Huffstead, Bruce Trujano, Chelsea Gulden, Christina Adeleke, Christopher Jones, Damion Bethea, Dana Reid, Dinikia Savage, Bob Winstead, Shannon Farrar, Sue Goodman, Susan Reif, Tim Nixon, Vivian Perlman, Zafirah Hannibal
<b>Guests</b>	Kayla Earley, Luis Cruz, Cardra Burns, Kerry Burch, Kateesha Blount, Beth Gotti, Dennis Escobar, Tajuanna Washington, Jeff Edwards-Knight, Renate Nnoko, Liz Mallas, Haley Cooper, Mahogany Graham, Dorothy Alexander, Bernard Davis, Heather Wienke, Gary Becton, Amaka Ekwonu
<b>Meeting goals</b>	<ol style="list-style-type: none"> <li>1. Understand community needs related to the 2019 Needs Assessment findings</li> <li>2. Prioritize HRSA-approved HIV medical &amp; support services and recommend resource allocations that support Part A consumers, particularly underserved populations, to access care, remain in care, and achieve viral suppression</li> </ol>

**Agenda**

Topic	Presenter	Time
<b>Coffee &amp; light refreshments</b>	<b>CupLux</b>	<b>10:15-10:30</b>
Meeting Minute review	Chelsea Gulden & Christopher Jones, Co-Chairs	10:30-10:40
Needs Assessment Findings Report	Shannon Farrar, Needs Assessment Chair & Kayla Earley, PB Administrator	10:40-11:20
Priority Setting	Chelsea Gulden & Christopher Jones, Co-Chairs	11:20-12:10
<b>Lunch</b>	<b>Taste of Hope Catering</b>	<b>12:10-12:40</b>
Fiscal Year 2018-2019 Expenditures by Service Category	Luis Cruz	12:40-1:10
Review of current services offered	Chelsea Gulden & Christopher Jones, Co-Chairs	1:10-1:15
Resource Allocation	Chelsea Gulden & Christopher Jones, Co-Chairs	1:15-3:15
Public Comment		3:15-3:30
Announcements	Kayla Earley	3:30-3:45

Action Items for follow up	Assigned To	Due Date
Complete <a href="#">meeting evaluation survey</a>	Meeting attendees	8/1/19
Next meeting: Wednesday, September 18; 11:30a-1:30p; 3205 Freedom Drive, Suite 4000	Voting members	9/18/19

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## Minutes

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Kayla Earley, Planning Body Administrator, established quorum. Co-Chairs Christopher Jones and Chelsea Gulden welcomed members and guests by reviewing group guidelines, process for the meeting, participation expectations, and conflict of interest disclosure. Earley walked participants through their meeting packets, which included agendas, meeting minutes from 5/15/19 Data Orientation, Quick Reference Guide to Service Definitions (Planning CHATT), and data handouts.

Jones gave members 5 minutes to review meeting minutes from PB Data Orientation (5/15/19). Minutes were approved as written with consensus.

Earley and Shannon Farrar presented 2019 Needs Assessment Results, including regional demographic data, an emphasis on social determinants of health, care continuum by demographic categories, survey response summaries, and recommendations based on needs assessment data. See [Appendix A](#) for the PowerPoint slides.

Per member request, Earley is to access data from Quality Management regarding barriers to care for Ryan White Part A clients, which providers recently submitted to the Part A office with strategies for addressing barriers. Earley to share this information at the next regularly scheduled Planning Body meeting.

Gulden and Jones introduced the Priority Setting process, which was done using an online survey platform (Qualtrics). Voting members prioritized services individually using the survey before opening group discussion. The benefits of using Qualtrics included:

1. Voting members completed the Priority Setting process more quickly (reduced time by more than 50%);
2. The survey was password protected and was only available to be answered by voting members;
3. Forced ranking reduced error by ensuring each service category was ranked; and
4. Qualtrics immediately tabulated results to provide means for each service category, which Gulden then translated into rank and input into a pre-prepared Excel spreadsheet.

The group broke for lunch while Gulden and Susan Reif inputted the survey data into Excel.

After lunch, Gulden projected the group's rankings on the screen. The Planning Body verbally discussed the priorities and reviewed service definitions for clarification. After discussion and approval by consensus, the services were ranked as follows:

- |  |  |
|--|--|
| 1. Outpatient / Ambulatory Health Services | 16. Food Bank / Home Delivered Meals                                     |
| 2. AIDS Drug Assistance Program Treatments | 17. Linguistic Services  |
| 3. Health Insurance (HIPCSA)               | 18. Other Professional Services (includes Legal and Permanency Planning) |
| 4. Medical Case Management                 | 19. AIDS Pharmaceutical Assistance                                       |
| 5. Medical Transportation                  | 20. Outreach Services  |
| 6. Oral Health Care                        | 21. Substance Abuse Services (residential)                               |
| 7. Mental Health Services                  | 22. Health Education / Risk Reduction                                    |
| 8. Emergency Financial Assistance          | 23. Non-medical Case Management  |
| 9. Early Intervention Services             | 24. Home Health Care   |
| 10. Housing Services                       | 25. Respite Care   |
| 11. Substance Abuse Outpatient Care        | 26. Hospice  |
| 12. Home & Community-based Health Services | 27. Rehabilitation Services  |
| 13. Child Care Services                    | 28. Referral for Health Care & Support Services                          |
| 14. Psychosocial Support Services          |  |
| 15. Medical Nutrition Therapy              |  |

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Following Priority Setting, Luis Cruz, Senior Health Manager for Ryan White Part A, presented service expenditure, cost utilization, and cost per client data for all funded services for the past 3 fiscal years (FY), including allocations for the current fiscal year. Participants also had copies of these slides to use during Resource Allocation.

Gulden and Jones led voting members through the resource allocation, beginning with Priority #1 and working down the list. After discussion, the following resource allocation recommendations were approved with consensus:

Rank	Service Category	FY 20-21 Part A Allocations	% of Expected Part A Award	FY 20-21 MAI Allocations	% of Expected MAI Award
1	Outpatient/Ambulatory Health Services	\$2,775,654	55.55%	\$187,240	36.27%
3	Health Insurance (HIPCSA)	\$317,000	6.34%	\$0	0.00%
4	Medical Case Management	\$701,198	14.03%	\$255,100	49.41%
5	Medical Transportation	\$114,806	2.30%	\$0	0.00%
6	Oral Health Care*	\$958,900	19.19%	\$0	0.00%
7	Mental Health Services*	\$37,079	0.74%	\$0	0.00%
8	Emergency Financial Assistance	\$7,025	0.14%	\$0	0.00%
9	Early Intervention Services (EIS)	\$11,125	0.22%	\$73,908	14.32%
14	Psychosocial Support Services	\$74,336	1.49%	\$0	0.00%
Total		<b>\$4,997,123</b>	<b>100.00%</b>	<b>\$516,248</b>	<b>100.00%</b>

Service Priorities 2, 10-13, and 15-28 were not recommended for funding.

All categories were flat-funded from Fiscal Year 2019-2020 Allocations, except:

1. HIPCSA increased from \$283,468 to \$317,000 (+\$33,532) to ensure consistency of coverage for consumers facing increased premiums.
  - a. The Planning Body will revisit this allocation if North Carolina expands Medicaid.
2. Medical Transportation decreased from \$148,338 to \$114,806 (-\$33,532) as the Recipient plans to adjust current transportation rates for Part A transportation providers in the next Fiscal Year. The Recipient reported a projected decrease in the cost per client for this service category.

\*Members felt that recommended allocations for Oral Health Care and Mental Health Services are insufficient to meet the needs of consumers. However, members were also hesitant to pull money from these other important categories.

**The Planning Body requests that the Recipient add more money to both Oral Health Care and Mental Health Services if the Fiscal Year 2020-2021 grant award is higher than expected.**

The Planning Body requested information on how providers currently use MAI funds to ensure that the interventions are unique to specific priority populations. Earley and the Recipient to collaborate to gain this information and present to the Planning Body within the current Fiscal Year.

The floor opened for public comment; none was given.

Earley thanked Gulden, Jones, and Farrar for their leadership and planning to make this PSRA successful. Earley to the following items in a follow-up email:

1. [Meeting evaluation survey link](#),
2. [LEAP](#) information for utility assistance
3. [Ada Jenkins dental van](#) information

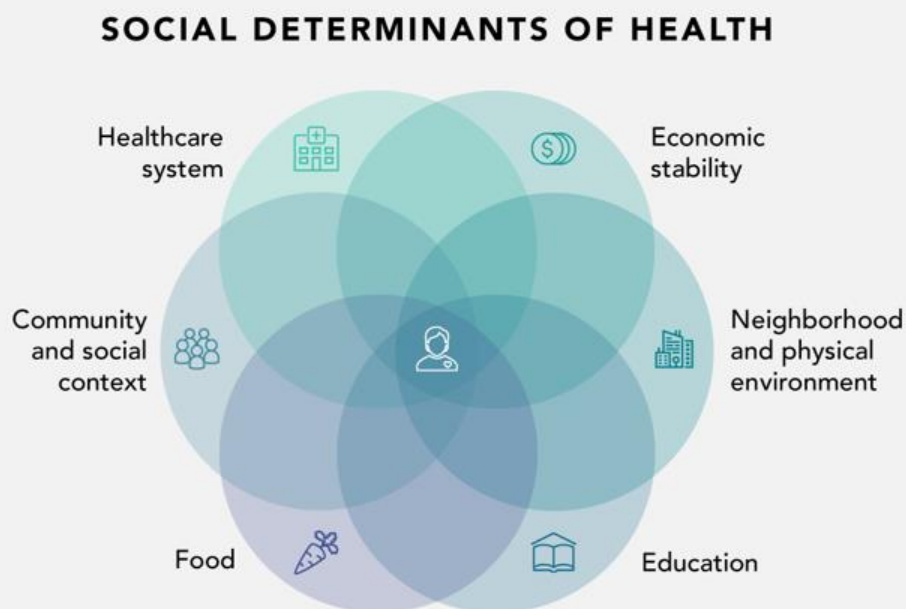
The meeting adjourned early at approximately 2:45PM.

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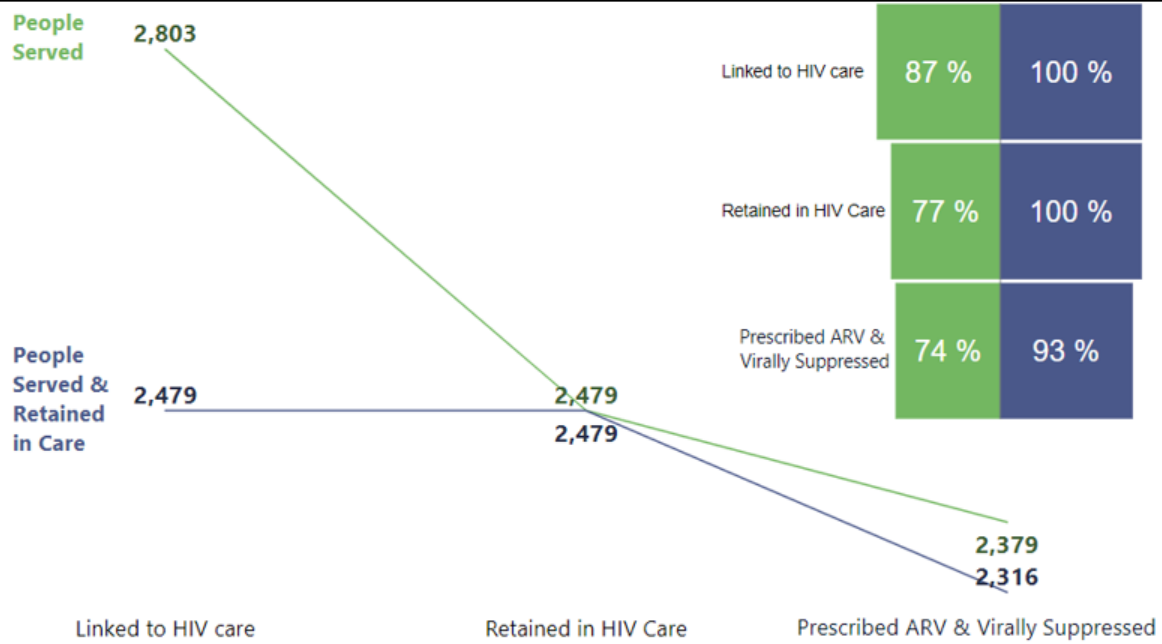
Appendix A: PSRA PowerPoint Slides

Counties with ↓Income per Capita, ↑Percent of People living in Poverty, and  
↑ Percent of people without health insurance have higher case rates of HIV.

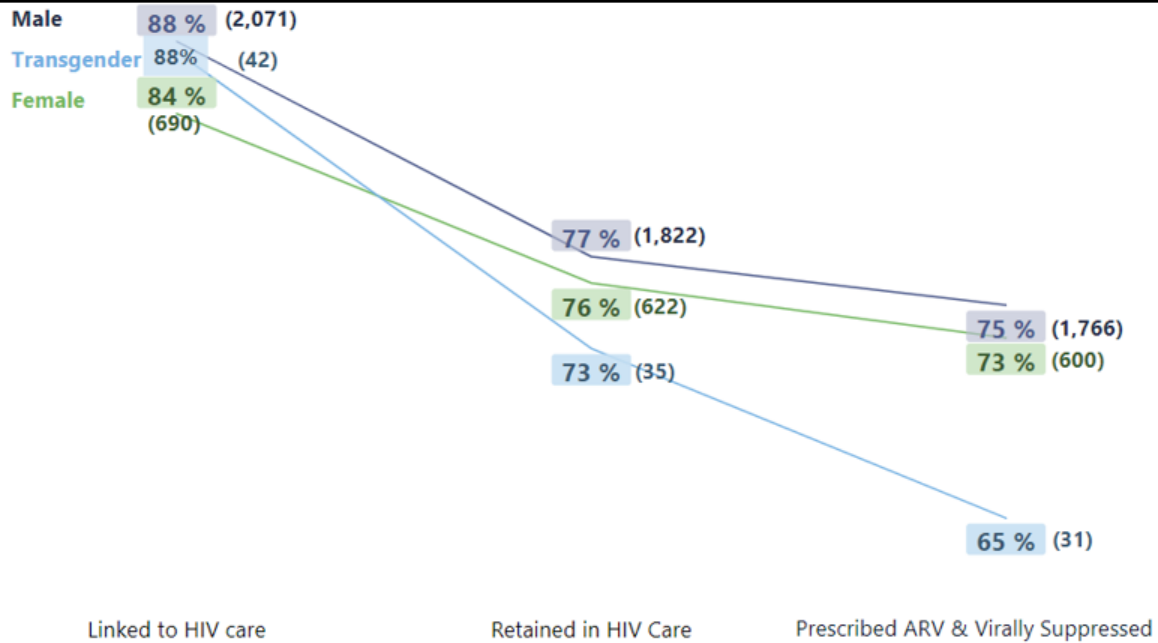
County	Total Population	Income per Capita	Living below FPL	Uninsured age <65	Incidence	Prevalence	Case Rate per 100,000
Anson, NC	24,991	\$19,105	22 %	13 %	4	98	18.5
Cabarrus, NC	206,872	\$29,143	11 %	10 %	14	454	8.3
Gaston, NC	220,182	\$24,937	15 %	12 %	26	697	14.1
Mecklenburg, NC	1,076,837	\$35,669	11 %	12 %	270	6,792	30.3
Union, NC	231,366	\$32,754	9 %	10 %	15	291	7.9
York, SC	266,439	\$30,387	11 %	10 %	33	476	9.3



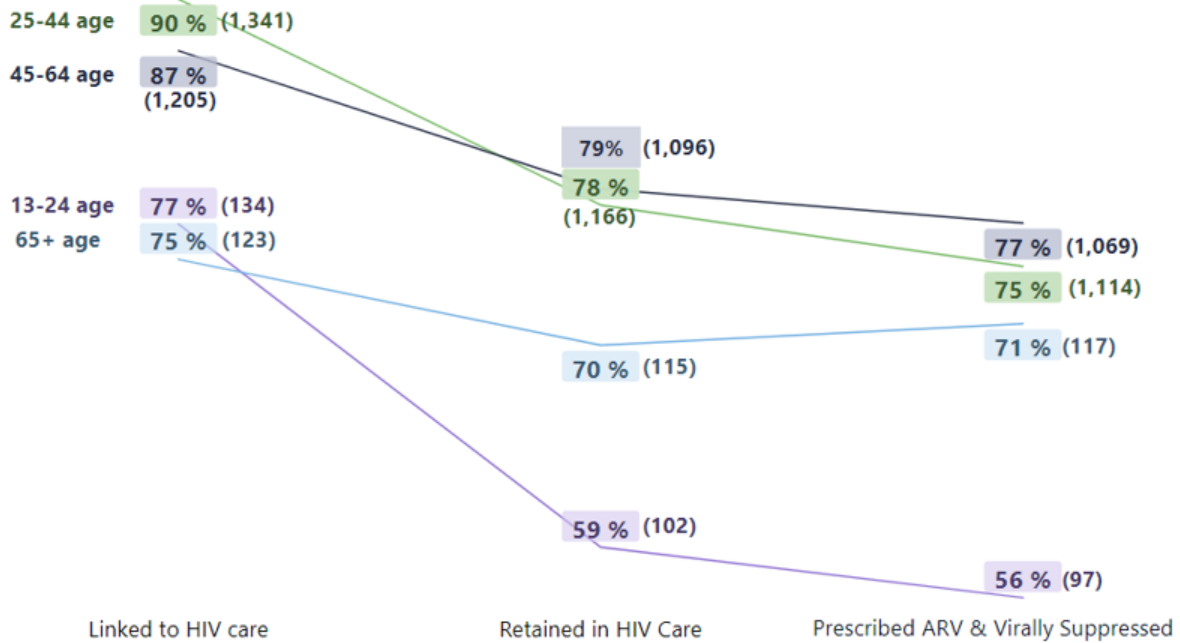
## FY 2018-2019 HIV Care Continuum, Part A Consumers



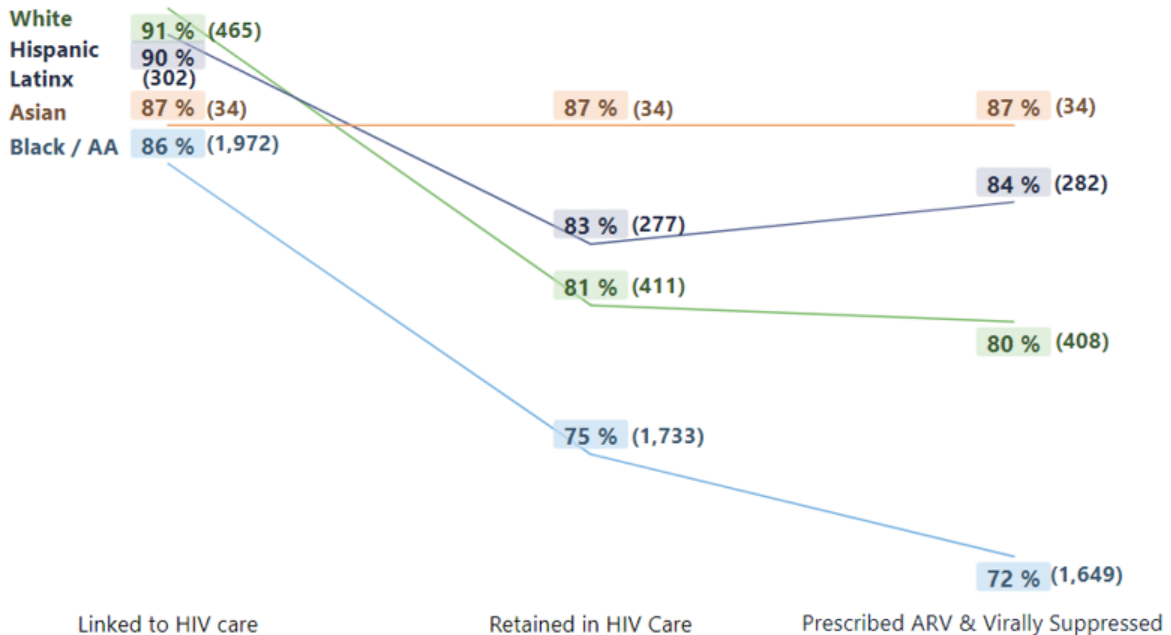
## Care Continuum: Gender



## Care Continuum: Age Group



## Care Continuum: Race & Ethnicity



## Priority Populations based on Care Continuum data

Priority Population	Numerator/Denominator	Virally Suppressed
Black and African American People	1,649/2,298	72%
People identifying More than One Race	16/24	67%
Transgender People	31/48	65%
Youth age 13-24	97/174	56%

### 2019 Ryan White Part A Needs Assessment: Survey demographics

Total HIV+ Responses

**207**

8% Latinx

**17**

70% Black/African American

**144**

69% Male

**143**

85% Mecklenburg County

**175**

34% Uninsured

**71**

32% Medicaid/Medicare

**67**

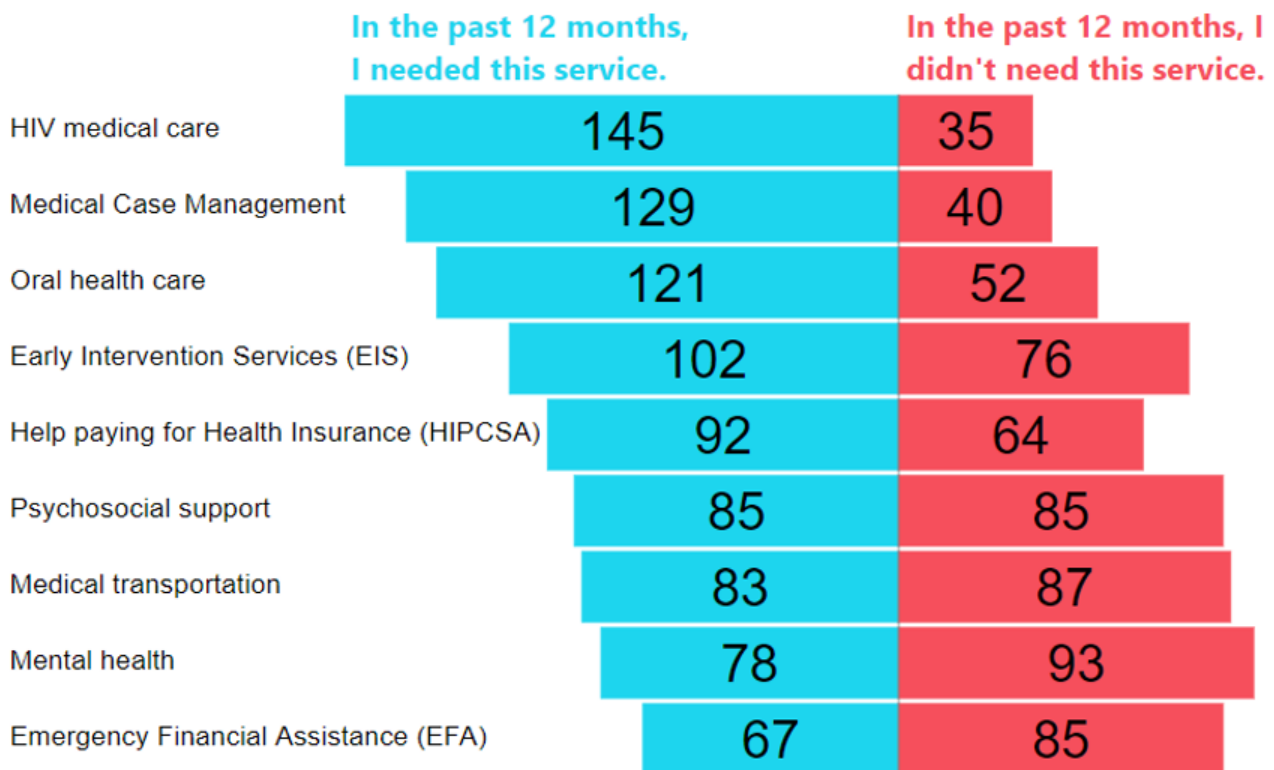
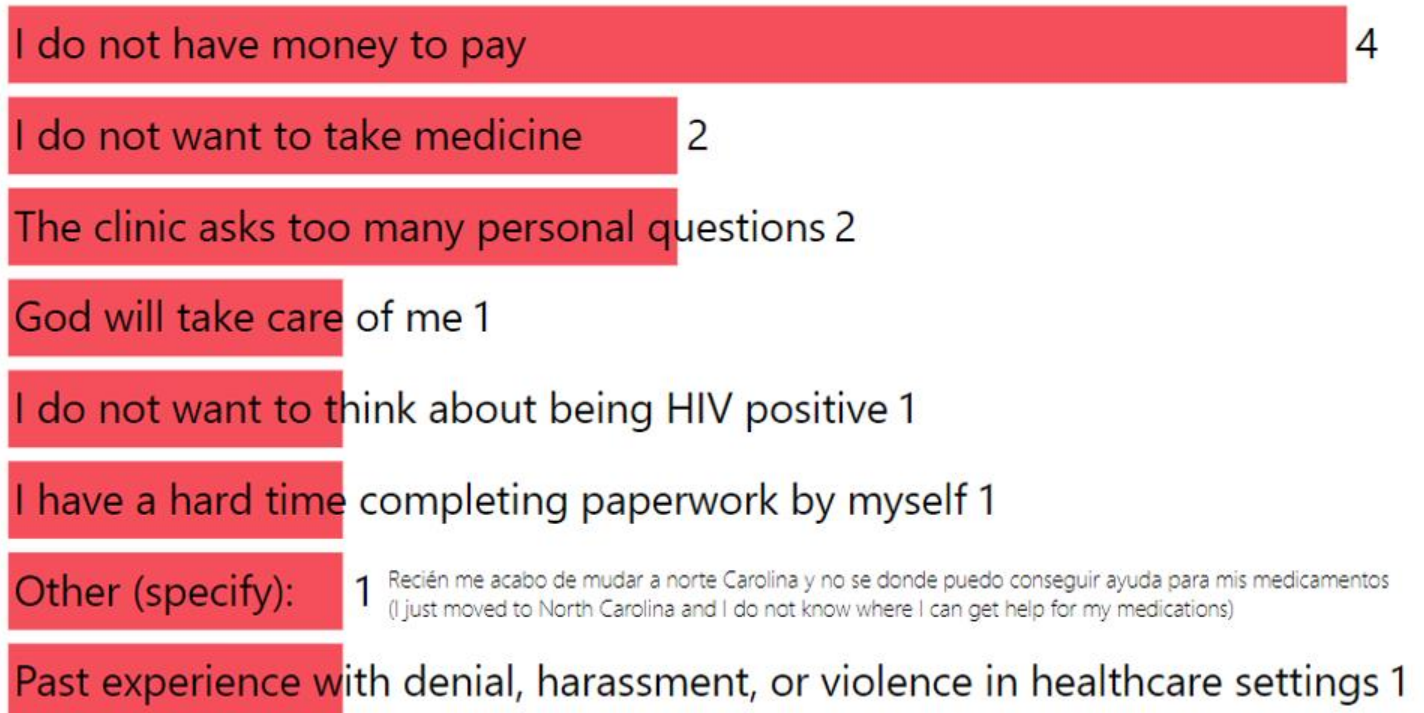
26% Private/Employer

**53**





What barriers have made it difficult to access HIV medical care?





## Most needed services by Black Men

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1. Outpatient / Ambulatory Health Services
2. Medical Case Management
3. Oral Health & Early Intervention Services



## Most needed services by Black Women

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1. Outpatient / Ambulatory Health Services
2. Oral Health
3. Medical Case Management



## Most needed services by Latinx / Hispanic People

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1. Early Intervention Services, Outpatient / Ambulatory Health Services, & Oral Health
2. Health Insurance (HIPCSA) & Medical Case Management
3. Medical Transportation



## Most needed services by People without Health Insurance

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1. Outpatient / Ambulatory Health Services
2. Oral Health
3. Medical Case Management



## Most needed services by People age 13-29

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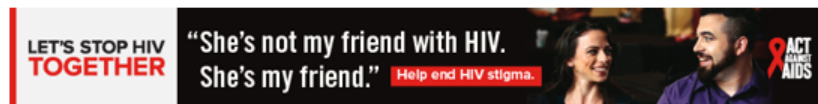
1. Outpatient / Ambulatory Health Services
2. Early Intervention Services & Medical Case Management
3. Health Insurance (HIPCSA), Oral Health, & Psychosocial Support



## Most needed services by People age 30-49

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1. Outpatient / Ambulatory Health Services
2. Oral Health
3. Medical Case Management



## Most needed services by People age 50+

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1. Medical Case Management
2. Outpatient / Ambulatory Health Services
3. Oral Health



Check up to 3 Medical Services that are most important to you.

Help paying for prescription medicines 164

Nutritional counseling, including prescription nutritional supplements 119


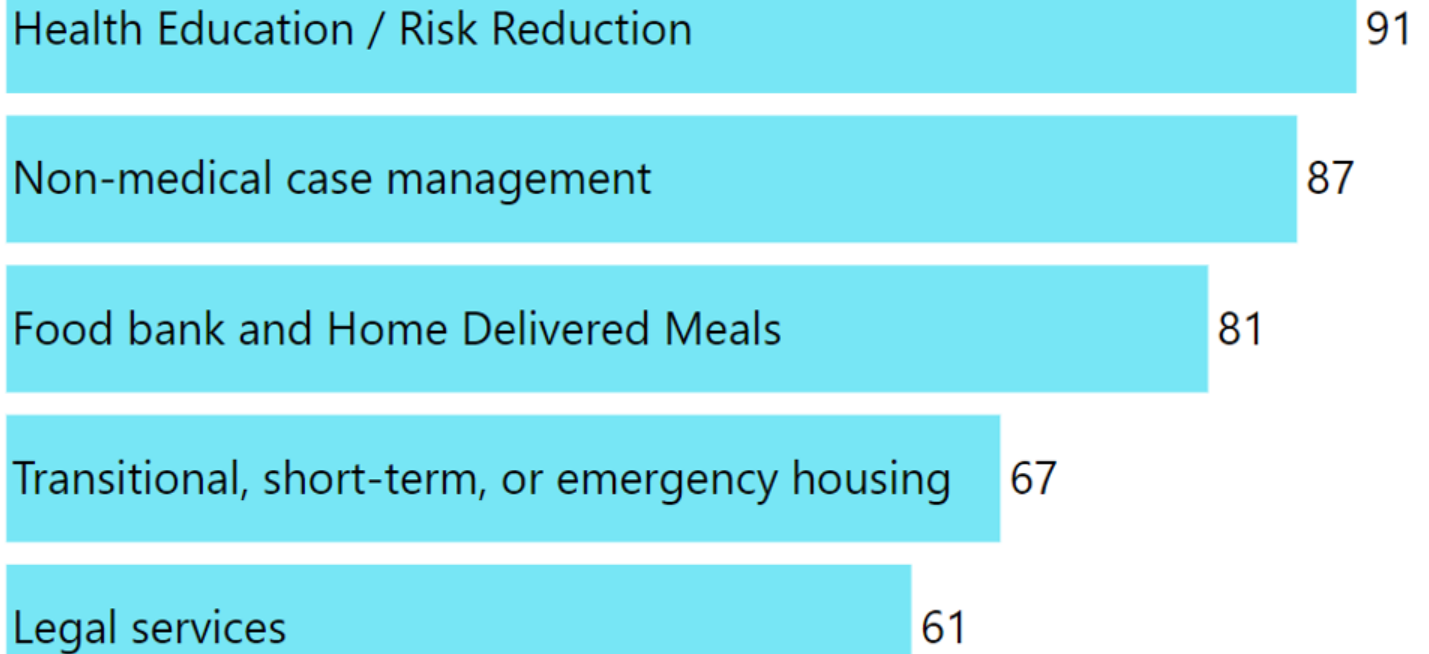
Home health care 64

Outpatient substance use treatment 46


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Check up to 3 Support Services that are most important to you.



Income and health insurance must be addressed as social determinants of health.




The Ryan White Part A Program should intentionally educate Ryan White Providers and Consumers.



HIV services should be widely advertised across the TGA.





The TGA should partner with North Carolina's Part B Program to enroll more people into HMAP/ADAP/ICAP services.

## Priority Setting

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Deciding which services are most important in providing a complete system of care for all People Living with HIV in the Charlotte TGA

**Voting Members ONLY**

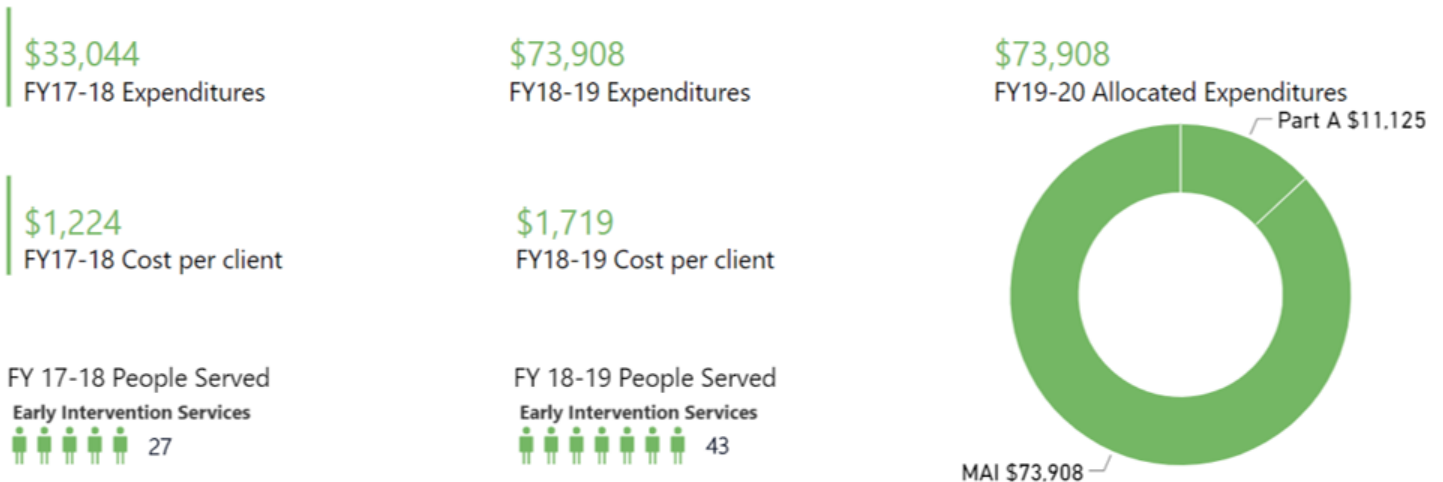


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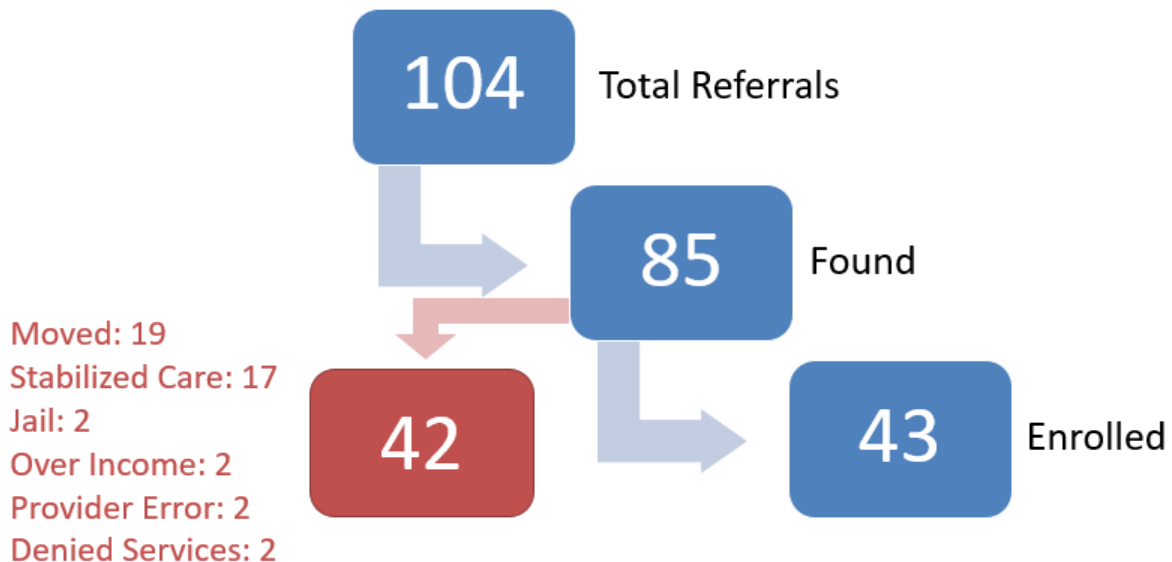
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**Early Intervention Services (EIS)**

Includes a combination of services designed to identify individuals with HIV and help them access services;  
Can serve newly diagnosed as well as PLWH who know their status but are not in care



## The real numbers behind EIS

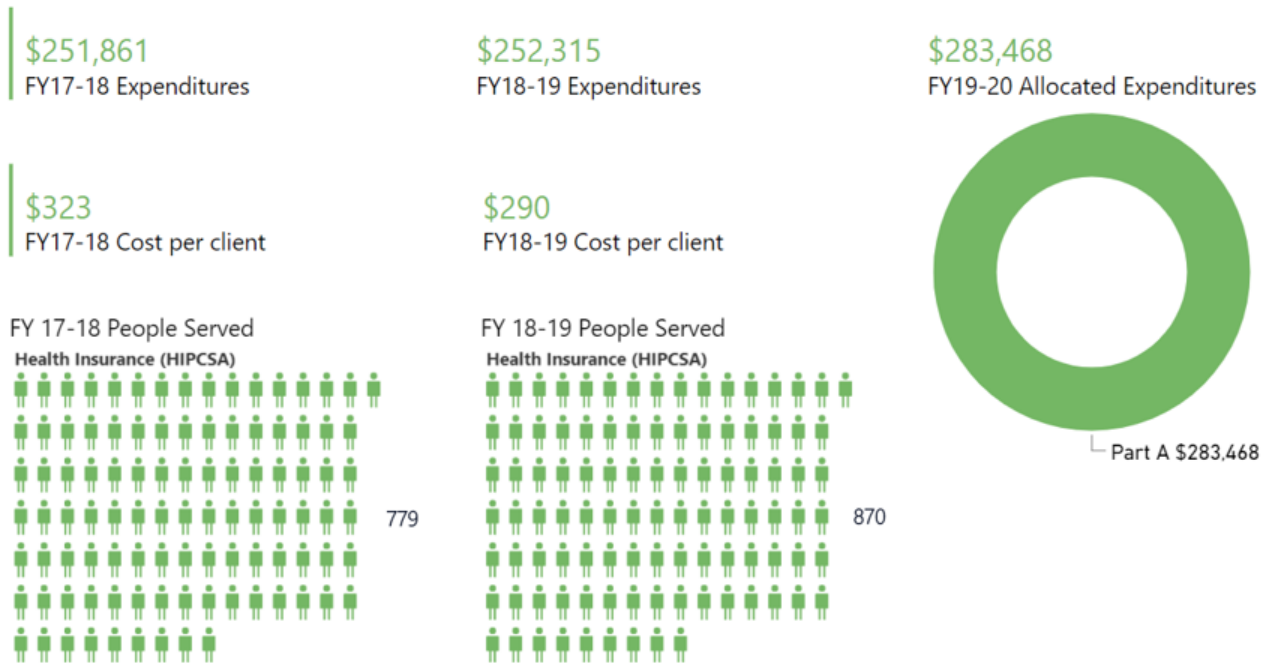


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### Health Insurance Premium & Cost Sharing Assistance for low-income individuals (HIPCSA)

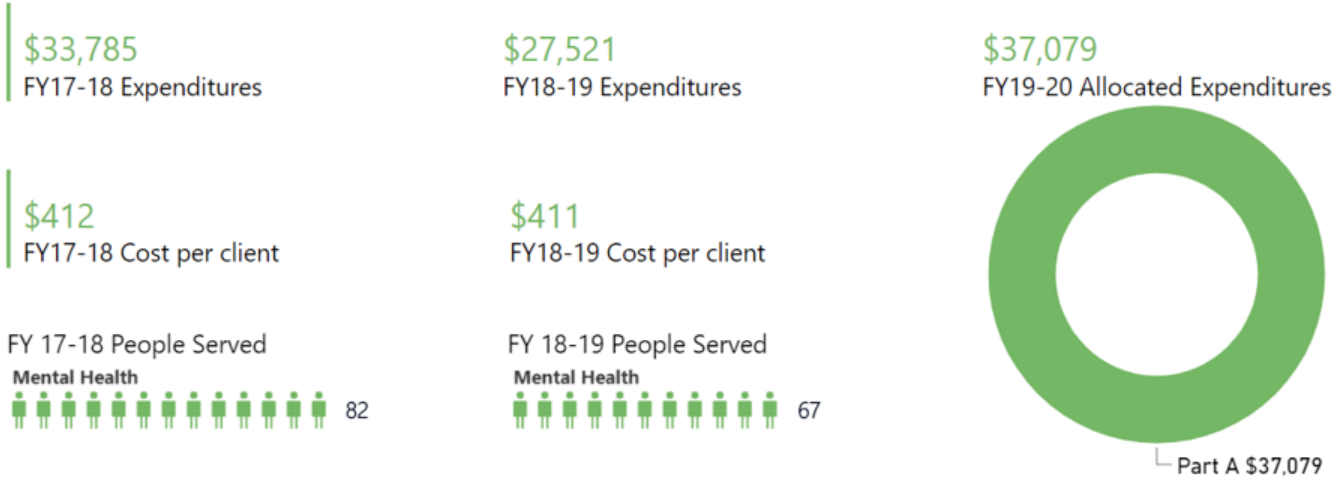
Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client's Medicare Part D true out-of-pocket costs



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**Mental Health Services**

Provides psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling in an individual or group setting by a licensed mental health professional (usually a psychiatrist, psychologist, or licensed clinical social worker)



**Oral Health Care**

Supports outpatient diagnostic, preventive, and therapeutic oral health services by dental health care professionals based on an oral health treatment plan



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**Outpatient / Ambulatory Health Services (OAHS)**

Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting; also includes vision

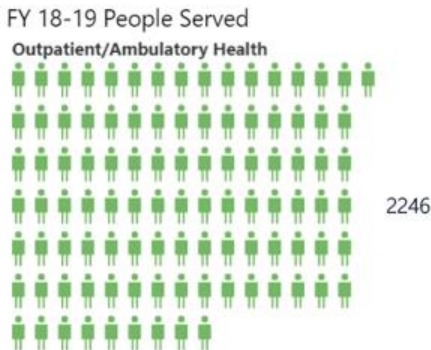
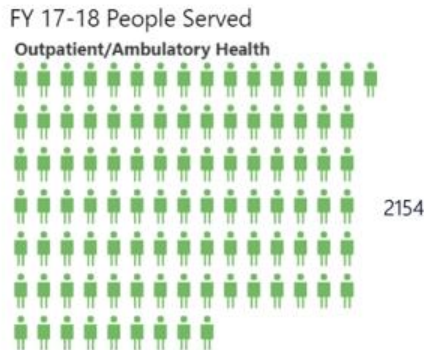
**\$3,054,459**  
FY17-18 Expenditures

**\$2,960,611**  
FY18-19 Expenditures

**\$2,962,894**  
FY19-20 Allocated Expenditures  
MAI \$187,240

**\$1,418**  
FY17-18 Cost per client

**\$1,318**  
FY18-19 Cost per client



**Emergency Financial Assistance (EFA)**

Provides limited one-time or short-term payments to assist clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries), transportation, medication not covered by an ADAP or LPAP, or another allowable cost

**\$6,495**  
FY17-18 Expenditures

**\$3,564**  
FY18-19 Expenditures

**\$7,025**  
FY19-20 Allocated Expenditures

**\$650**  
FY17-18 Cost per client

**\$712**  
FY18-19 Cost per client

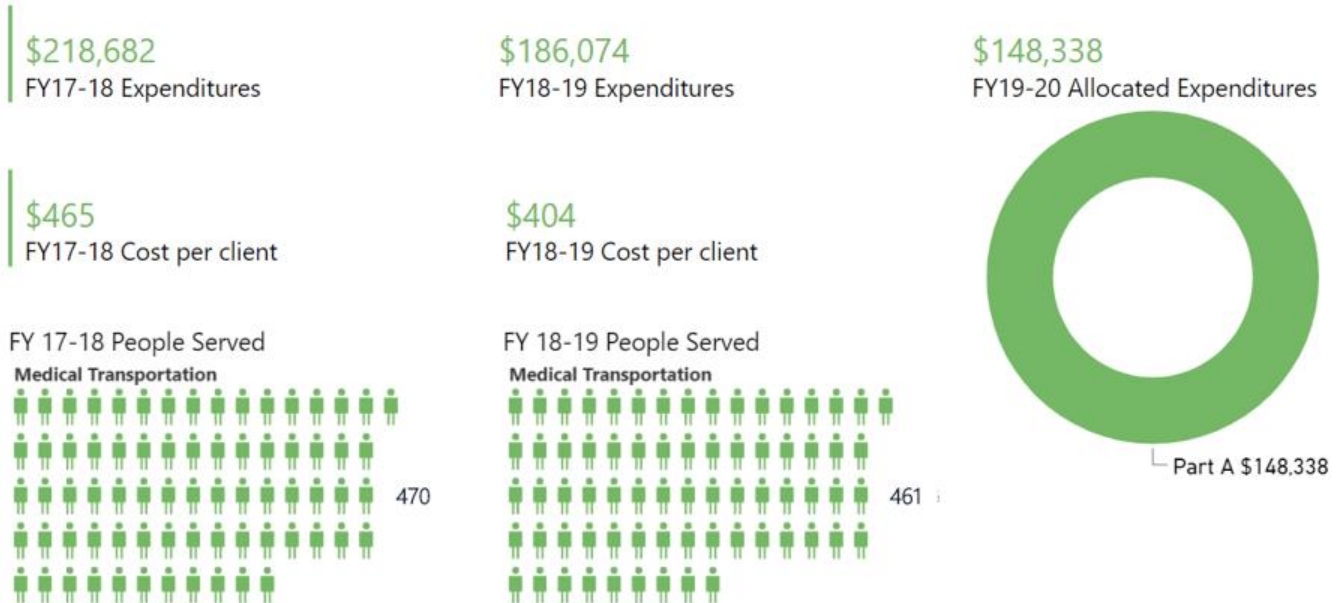




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**Medical Transportation**

Provides nonemergency transportation services so clients can access or be retained in core medical and support services; can use various methods, including contracts with transportation providers, non-cash mileage reimbursement, purchase or lease of organizational vehicles for client transportation, voucher or token systems, and organization and use of volunteer drivers



**Psychosocial Support Services**

Provides group or individual support and counseling services to assist clients to address behavioral and physical health concerns, including support groups, nutrition counseling provided by a non-registered dietitian, and other types of counseling  
Does not require that services be provided by a licensed mental health professional

